Congressional Testimony
by
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Good afternoon, my name is Carla Smith, and I serve as the executive vice president of the Healthcare Information and Management Systems Society, better known as HIMSS. I live and work in Ann Arbor, Michigan.

BACKGROUND

HIMSS is a membership organization exclusively focused on providing global leadership for the optimal use of healthcare information technology and management systems for the betterment of healthcare. Founded in 1961 with offices in Chicago, Ann Arbor, Washington D.C. and other locations across the United States and Europe, HIMSS represents more than 21,000 individual members, 46 chapters and over 350 corporate members that collectively represent organizations employing millions of people. HIMSS frames and leads industry, educational and professional development initiatives that advance and promote how information and management systems can contribute to improving the quality of patient care.

OUR IMPERATIVES

Our work within the healthcare industry is important for many reasons, one of which is the need to **stem the rising cost of healthcare**, which is

one of our nation's healthcare imperatives. By several measures, healthcare spending continues to rise at the fastest rate in our history. In 2007, national health expenditures were expected to rise 6.9 percent – two times the rate of inflation. Total spending was 2.3 TRILLION dollars, or 7,600 dollars per person. Total healthcare spending represented 16 percent of the gross domestic product, or GDP. U.S. healthcare spending is expected to increase at similar levels for the next decade reaching 4.2 TRILLION dollars in 2016, or 20 percent of GDP. In 2007, employer health insurance premiums increased by 6.1 percent – two times the rate of inflation. The annual premium for an employer health plan covering a family of four averaged nearly 12,100 dollars. The annual premium for single coverage averaged over 4,400 dollars.

Despite more of our GDP being devoted to healthcare, increasing numbers of Americans do not have access to healthcare. **Providing access to these Americans is a second imperative.** The number of people without health insurance has increased steadily, now totaling more than 47 million Americans. Most Americans obtain health insurance coverage through their employers. With the cost of health insurance outpacing inflation and wage increases, more employers are opting out of the market. Moreover, family incomes have not kept pace with healthcare inflation, making non-group coverage unaffordable for most low- and middle-income families. Medicaid and the State Children's Health Insurance Program (SCHIP) help to fill in the coverage gap for millions, especially children. However, many rural and underserved communities fall through the gap.

Our next healthcare imperative is improving the safety of care. HIMSS has set a goal to drive patient safety and quality of care so that, by the year 2014, 75 percent of all healthcare information systems are deeply instilled with optimized safety and quality improvement tools. HIMSS members create tools to achieve the integration of patient safety tools and practices for all healthcare organizations, clinicians, patients and community members. The benefits of this initiative are improved healthcare quality, safety, and outcomes. Good patient safety practices and strategies can also help make organizations and processes more accessible, efficient and cost-effective.

Healthcare information technology also has an important role in addressing our fourth imperative – improving the quality of care. On February 14, 2008, an official from the Government Accountability Office testified before the U.S. Senate Budget Committee that "Health IT offers promise for improving patient safety and reducing inefficiencies. The expanded use of health IT has great potential to improve the quality of care, bolster the preparedness of our public health infrastructure, and save money on administrative costs."

The November 2003 Institute of Medicine report, titled *Patient Safety: Achieving a New Standard of Care*, emphasized the importance of an electronic health record, or EHR, with regard to patient safety. The EHR can be a tool to improve the quality and timeliness of decision-making by providing nurses, physicians and other clinicians with comprehensive and up-to-date information at the point-of-care. EHRs also provide a source of

data for best clinical practice, error reporting, analysis, and measuring outcomes of care.

Today, five years after this Institute of Medicine report, we continue to discuss the intersection between IT and the quality of care delivered. IT can and does have a positive impact on quality.

EXAMPLES OF SUCCESS STORIES

For example, electronic health information helps healthcare providers move patients through the care continuum more efficiently, while simultaneously improving the care quality. New York's Maimonides Medical Center – a 705-bed hospital – saw its average length of stay plummet from 7.26 days in 1995 to 5.05 days in 2001, one full day less than the New York City average. This reduction was attributed to decreased time from a physician drug order to the patient receiving the first dose, rapid lab and x-ray results posting to the patient's record, and increased rapidity of diagnostic testing . . . all of which enhanced the quality of care provided at Maimonides.

Ohio State University Health System's data revealed a decline in the length of stay in its transplant and its neurology services, because of increased coordination between multiple care teams made possible by the EHR. Declines such as this can be directly tied to improved outcomes of care.

Wayne Obstetrics and Gynecology in Georgia reports that time devoted to document patient encounters decreased by 4 hours per week, allowing more time for patient interaction and education – thereby hopefully increasing the quality of the outcomes simply because the patient is equipped with the knowledge they need to take optimal care of themselves.

Citizen's Memorial Healthcare in Bolivar, Missouri implemented its EHR not only to the county hospital and surrounding ambulatory practices, but also to the long term care organizations in the area, thus providing seamless quality healthcare to the citizens of this rural area.

IT AND QUALITY

It is important to note that **IT does not define quality**. IT **is** an effective tool to access, measure and impact quality. To improve quality, organizations need to address four key criteria.

First, providers need clear definitions based upon clinical evidence of expected outcomes of care. Second, functional IT systems that can capture clinical data and report outcomes in a way that is understood by the intended audience must be in place. Third, users need to be effectively trained and able to actively participate in the use of the IT systems. Last, but certainly not least, the culture of an organization needs to focus on continuous quality improvement and learning.

For example, Maimonides Medical Center developed "just-in-time" IT training – done by specialty or department - using a physician-approved curriculum. The medical center's IT staff focused on the "human aspect" in training users to master the newly implemented, multi-vendor EMR system, deciding that the best way to train clinical staff was to find the most comfortable way for them to use the system. Medical staffers called this training method the most important factor in the success of the project.

Wayne Obstetrics and Gynecology in Jesup Georgia began staff training one week prior to the go-live date, and by the third day of the first week of implementation, the entire practice staff was able to use the system.

IT also has been used successfully to increase the safety of medication. IT systems, when effectively implemented, can increase the adherence to the "five rights of medication safety," which are to provide the right medication, to the right person, in the right dose, through the right route, and at the right time.

Electronic prescribing, or e-prescribing, has proven to reduce prescribing errors in hospitals by as much as 66 percent, which is tremendously important, given that doctors write more than 3 billion prescriptions each year with a combined value of over 221 billion dollars. Within the complex and largely automated prescription drug industry, the information flow between prescribers and pharmacies is not routinely managed electronically. Not only does a paper system hinder a

clinician's ability to optimally engage with a patient, it compromises quality and introduces potentially fatal errors.

E-PRESCRIBING

Other benefits of e-prescribing include, first, i**ncreased safety** by having accurate medication histories available as patients move between care settings such as hospitals, clinical practices, outpatient facilities, nursing homes, and home care. Second, **decision support** built into e-prescribing programs automatically alert clinicians of dangerous drug interactions. Third, e-prescribing programs provide **cost and formulary information** that help prescribers use less costly treatments, increasing the likelihood the patient can afford the medication and will actually purchase it. And fourth, e-prescribing **saves money** by reducing the huge number of phone calls between pharmacies and prescribers due to unclear information inherent in paper scripts.

DAVIES AWARD PROGRAM EXAMPLES

To recognize healthcare's excellence in using I-T to improve access, safety, quality and efficiency, the Nicholas E. Davies Award Program focuses in four healthcare settings: organizations, ambulatory sites, public health, and community health organizations. Since the early 1990s, twenty-five health organizations, fifteen ambulatory care practices, and nine public health entities have been recognized as achieving excellence. The experiences of these award recipients is nothing short of remarkable – effective use of IT can positively impact quality, efficiency, and costs.

Another important program is the Katrina Phoenix Project, which was initiated by HIMSS in the wake of Hurricanes Katrina and Rita in 2005. As people under continuing medical care fled the affected states, essentially becoming refugees, they had no medical records or treatment providers because of the natural disasters. In this impossibly chaotic situation, innovative responses from two local healthcare organizations earned these organizations the Davies Awards spotlight.

For example, **South East Texas Medical Associates** – learning lessons from the Hurricane Katrina experience – earned a Davies Ambulatory Award after it faced Hurricane Rita "head on" by completely mobilizing its EMR into a portable, modern-day MASH unit, allowing clinicians to provide care to patients the day after the hurricane in locations other than a clinical practice – such as inside a supermarket.

Another innovative response was the Texas Department of State Health Services and winner of the 2006 **Davies** Public Health Award. When 470,000 people came to Texas literally overnight after the hurricanes, the dynamic, interactive design of Texas's electronic system allowed practitioners to respond within a matter of hours to the need to identify and capture services to these patients electronically.

In addition to recognizing the outstanding response to the hurricanes, Davies Awards were given to organizations impacting quality through medication safety. **Generations-Plus/Northern Manhattan Health Network** won a Davies Organizational Award in 2006 for creating an in-

house medication reconciliation process. By customizing its EHR to facilitate a safer spectrum of medication administration, the organization's providers could view the patient's current medications and the plan for the patient's discharge needs in one quick glance. This simple design achieved with in-house resources received a commendation from Joint Commission surveyors for improving patient safety so remarkably. "You have covered every point of failure," the surveyors stated, and noted that the EMR provided benefits to patients **and** providers.

The network has collected many examples of how its EHR saves lives and affects future outcomes. For example, a pregnant woman seen in the clinic for a pre-natal check-up also received a CT scan, which was positive for cancer. The patient missed her next appointment, and the EHR prompted a call to her home. The patient had left the country and was not there to receive the call, but the EHR-prompted recalling went on for months. When she finally returned home, a care team went to her house and brought her into the hospital for cancer treatment, which saved her life.

Queens Health Network in New York City earned a Davies Organizational Award in 2002. This organization experienced a 50 percent decrease in pharmacist intervention in ambulatory care medication orders because of improved legibility, system alerts, and increased completeness of prescriptions. Due to point-of-care availability of real-time patient information, the network has seen reduced numbers of admissions

resulting from warfarin toxicity, a common problem when drug dosages are wrong.

Maimonides Medical Center in New York City won a Davies Organizational Award after problem medication orders dropped by 58 percent and medication discrepancies by 55 percent in 2001 after its EMR implementation. That same year, the decision support feature identified 164,250 alerts, resulting in 82,125 prescription changes. The provider's EMR addressed "high alert medications" and confusing look-alike and sound-alike drug names, as well as patients with similar names that could – if not caught - result in the wrong patient receiving the wrong medication.

The Davies Public Health Award recognizes health IT impact on quality for population health. The **Utah Statewide Immunization Information System** from the Utah Department of Health won a 2004 award. Chosen by the Centers of Disease Control and Prevention (CDC) as one of the pilot states for developing a statewide immunization tracking system, Utah created immunization systems to track and allow clinicians to access immunization records at public health provider sites throughout the entire state.

But, that wasn't good enough for the State of Utah. Only half of immunizations are administered by the public sector in that state, so Health Dept staff approached Intermountain Healthcare, the largest healthcare management organization in Utah. Intermountain and the

Dept of Health successfully partnered on an automated electronic method for sharing immunization data, thereby significantly increasing the quality of patients' lives across the State through appropriate immunizations.

NC-DETECT – the North Carolina Disease Event Tracking and Epidemiologic Collection Tool -- won a 2005 Davies Public Health Award. This secure, Web-based system provides access to emergency department data in a timely manner to authorized users at the local, regional and state level. The portal is used primarily for syndromic surveillance and includes line-listing reports that analyze initial temperature, chief complaint and triage notes to detect potential gastroenteritis, influenza-like illnesses, fever and rash illnesses, and neurological illnesses. The portal allows the State of North Carolina to rapidly identify potential food poisoning occurrences in addition to quick detection of an outbreak of viral or bacterial illness – clearly quality issues.

In the summer of 2007, North Carolina public health officials used NC DETECT to track heat-related hospital visits. Between August 4th and August 10th, NC-DETECT found there was an average of 84 heat-related emergency room visits a day, compared to an average of 12 a day in the months before the heat wave. On August 9th, 150 visits occurred, yielding some surprising information. NC-DETECT found that people between the ages of 15 and 19 and 25 and 44 had the highest rate of heat-related emergency department visits. Public health officials suspect the visits were caused by exertion during outdoor work or exercise. Typically, young children and the elderly are the primary targets of warnings about

heat. The state was then able to place television news items in local markets educating the public and increasing awareness of the dangers of heat related exertion.

The Illinois-National Electronic Disease Surveillance System won a Davies Public Health Award in 2007. With 657 registered users, I-NEDSS serves all 95 local health departments in Illinois. Infectious disease epidemiologists, disease investigators, administrators and field staff in these health departments use I-NEDSS as an integral part of their disease control and prevention programs. For reportable vaccine-preventable and communicable diseases, I-NEDSS represents 100 percent of disease reporting by local health departments.

Personnel currently use I-NEDSS for day-to-day disease surveillance and control activities. In addition, I-NEDSS data are used for research, planning and policy making. Data from the system are made available to the public on the department's website and also on an as- needed basis. For example, during the West Nile virus season, data on case numbers are provided in press releases along with information on how the general public can protect themselves from infection. The resultant public awareness increased the general knowledge of reasonable preventative measures.

Allina Hospitals & Clinics won a Davies Organizational Award in 2007 for creating a process to reduce drug utilization by generating a system list of specific IV medications, which can safety be changed to oral

administration without contacting a provider. Oral medications reduce the chance of infection from IV use, thus improving quality.

Three winners of the Davies Ambulatory Award -- Cardiology of Tulsa, Piedmont Physicians Group in Georgia, and Village Health Partners in Texas -- all modified their workflows, creating a "win-win" to decrease total time on administrative functions -- such as prescriptions, appointments, and lab reporting -- and allowing increased time for patient interaction and education – which can lead to improved outcomes of care.

IHE QUALITY DOMAIN

Another important industry initiative impacting quality is the IHE Quality Domain. IHE stands for "integrating the healthcare enterprise" and is a 7+ year old global initiative that utilizes already established healthcare standards and creates standards-based processes for the delivery of electronic healthcare. Physicians, medical specialists, nurses, administrators and other care providers envision a day when vital information can be passed seamlessly from system to system within and across departments and made readily available at the point of care.

IHE processes or frameworks are freely available in the public domain for passing electronic health information seamlessly. This information passes from application to application, system to system, and setting to setting across multiple healthcare enterprises. IHE convenes healthcare IT

stakeholders to develop ways for communicating patient information efficiently throughout and among healthcare settings.

The clinicians and IT experts in IHE's Quality Domain figure out ways to share clinical, demographic and financial information about individuals used routinely when providing clinical care directly to patients. The Quality Domain provides standard, consistent and facile means for searching electronic health records for both current and retrospective clinical decision support. It enables the extraction and reporting of essential information for management of provider accountability, public health surveillance and management requirements, and clinical and health services research.

Projects of the IHE Quality Domain include the Clinical Research Data Capture Profile and the Drug Safety Content Profile**,** both of which describe the content and format to be used for the gathering of data. The profiles will support a standard set of data. Having access to accurate data will allow the healthcare community to understand current levels of healthcare quality, thereby enabling them to make changes that can increase the quality of care.

Measuring clinical performance is recognized as a key aspect in the process of improving the quality of patient care. Healthcare organizations are requested to collect and report performance measure data in an effort to monitor and assess the quality of care provided to their patients.

Currently, performance data is generally derived from manual paper abstractions charts, a challenging process with respect to accuracy, consistency, cost, time and use of resources. There are an increasing number of performance measurements required by government, payers and clinical specialty societies. Continuation of the existing manual abstraction process is untenable for those providing care.

A white paper titled, "Performance Measurement Data Element Structured for EHR Extraction," identifies a standard mechanism to enable extraction of performance measurements from EHRs. It is important to note that HIMSS does not expect EHRs to have the same structure or data model across all vendors. Rather, an intermediary structure is required so that captured data can be understood across various vendor systems. This requirement can be met by standardizing data definitions of quality measures and by an unbiased entity certifying that vendors meet those criteria.

Last year, HIMSS Analytics released a white paper entitled **"**EMR Sophistication Correlates to Hospital Quality Data", that connects better quality scores (assuming to show improved care) to EMR implementations at 107 University HealthSystem Consortium (UHC) hospitals. It is the first statistical evidence that robust, high-grade EMRs lead to improved care and increased revenues, when pay-for-performance financial incentives championed by Medicare, The Leapfrog Group and other industry stakeholders are factored in. The data in this paper demonstrates that incremental improvements appear to improve care, and thus could

become the key success criteria for U.S. hospitals deploying transformative clinical IS solutions.

ONC INITIATIVES

The Office of the National Coordinator for Health Information Technology, or ONC, has as its mission the implementation of President Bush's vision for widespread adoption of interoperable electronic health records by 2014. In the fall of 2005, ONC awarded multiple contracts to advance this goal – including the creation of the Health Information Technology Standards Panel or HITSP – a group that has the potential to positively impact the quality of care delivered in the United States.

HITSP harmonizes relevant standards through a publicly vetted consensus process, based Use Cases approved by the American Health Information Community or AHIC. HITSP is designed to enable a flow of data that can be captured through real time and near real-time feedback. Such capture can assure accurate use, access, privacy and security; plus, it supports clinical decision making that can lead to a higher quality of patient care.

HITSP has a number of achievements regarding quality of care. In January 2008, Health and Human Services Secretary Michael Leavitt "recognized" three Interoperability Specifications recommended by HITSP. And, in the ensuing time period, additional specifications have been recommended to the Secretary for consideration.

The Secretary's recognition of three Interoperability Specifications triggered an Executive Order requiring each Federal Agency that implements, acquires, or upgrades health information technology systems used for the direct exchange of health information between agencies and with non-Federal entities to use, where available, health information technology systems and products meeting the interoperability standards. So, let me tell you a little about two Interoperability Specifications that impact quality.

First, IS04 Emergency Responder Electronic Health Record is an interoperable exchange that critically increases the quality of consumer safety and healthcare, through the harmonization of timely electronic access and patient assessment, stabilization and treatment of the victims of emergency incidents, as well as, facilitating family member reunification and next-of-kin notification following such incidents.

And second, IS06 Quality is designed to enable electronic quality monitoring that specifically encodes criteria to measure the quality and safety of individuals, or specific populations. This health information technology provides feedback to clinicians, administrators, policy makers and public health authorities for the purpose of improving the quality of healthcare provided to U.S. patients.

Just two months ago, HITSP received new use cases, several of which have the potential to impact quality. Let me tell you about a few of them.

Personalized Healthcare information technology provides the interoperable exchange by which healthcare providers can customize treatment and management plans for patients based on their unique genetic makeup. It focuses on the exchange of genetic/genomic test information, personal and family health history, and the use of analytical tools in electronic health records (EHRs) to support clinical decision-making that improves quality of a patient's life.

Consultation and Transfer of Care focuses on the electronic exchange of clinical information needed during transfers of care. This information is crucial those involved in the transfer of care, and significantly increases the quality of care.

Immunizations and Response Management electronic exchange is essential in the safety and quality of patient outcomes. This information technology allows access to 1) information about individuals who need to receive specific medication or other interventions; 2) the ability to report, track, and manage administration of vaccines, drugs, isolation and quarantine; 3) the ability to identify and electronically exchange information describing the treatment or prophylaxis status of populations; and, 4) the ability to exchange specific resource and supply chain data from public and private sectors.

Public Health Case Reporting focuses on using data in EHRs and augmenting EHR data in order to assist those individuals or entities

performing provider roles in reporting to public health, manufacturers, etc. The information exchange and analysis conducted during investigations will assist public health in case status and Adverse Events, refining reporting criteria, performing contact tracing to determine who may have been exposed, assessing impact, determining management and response plans, and communicating appropriate public health information. This health information technology is critical in the overall quality of life for our country.

Patient-Provider Secure Messaging gives patients the ability to compose and send secure communications to a clinician. The ability to respond to, or initiate, secure communications facilitates the care process and promotes better patient health.

Remote Monitoring focuses on patient's ability to utilize remote monitoring devices in their home, office, school, or other non-clinical setting using devices that are recommended by a clinician or obtained by patients themselves for self-management of chronic conditions. The measurements captured by remote monitoring devices can be communicated to EHRs and PHRs for access by patients or care providers, thus improving the ability better manage quality of care.

STATE LEVEL INITIATIVES

Much activity regarding the intersection of IT and quality is occurring at the state level. For example, the states of Michigan, New York,

Tennessee and Virginia have all designated state offices to coordinate health IT issues.

The state of Michigan received the HIMSS 2007 State Advocacy Award after creating the Michigan Health Information Technology Commission. Housed within the Michigan Department of Community Health, the Commission's mission is to facilitate and promote the design, implementation, operation, and maintenance of an interoperable healthcare information infrastructure in Michigan.

The Michigan Department of Community Health is currently seeking proposals for regional Health Information Exchanges, or HIE, planning and implementation projects throughout the state. The goal here is to develop a feasible plan for the implementation of HIE in Michigan. Of course, one of the goals of electronic exchange of health information is to improve the quality of care.

The state of New York received the 2008 HIMSS State Award just last week during National Health IT Week for its efforts to align with the national vision in the passage of the Healthcare Efficiency and Affordability Law for New Yorkers Capital Grant Program, often referred to as the HEAL New York Program. One of two primary objectives of that program includes identification and support for development and investment in health IT and quality improvement infrastructure at the regional level to support a statewide interoperable health information exchange through a State Health Information Network.

In April, the New York State Department of Health and Health Research Inc., in collaboration with the New York City Department of Health and Mental Hygiene, was also awarded a $20 million grant from the federal Centers for Disease Control and Prevention to improve the state's accuracy, timeliness and completeness of public health surveillance and reporting, thereby enhancing care quality. The information will be accessed and analyzed through a state-of-the-art HIE service. Patient confidentiality is a top priority of this initiative, and all solutions developed will ensure patient privacy and implementation of the highest security standards.

The state of Tennessee, also a 2008 recipient of a HIMSS State Award, is leading the charge to use health IT to transform healthcare. Governor Phil Bredeson is committed to developing new care- and disease-management practices and making better use of health information technology.

For example, the Governor's Volunteer eHealth Initiative is one of five federally funded healthcare IT demonstration projects designed to lay out a national blueprint for improving the quality of healthcare while reducing costs in the healthcare system.

The Collaborative Initiative

The Collaborative for Performance Measure Integration with EHR Systems, initiated in 2006, is co-sponsored by the American Medical Association

(AMA), the HIMSS Electronic Health Record Vendors Association (EHRVA), and the National Committee for Quality Assurance (NCQA).
Measure development organizations such as the Physician Consortium for Performance Improvement and the NCQA have developed performance measures designed to assist physicians in improving the quality of patient care delivered in the ambulatory environment. EHR vendors are working to incorporate performance measure functionality into EHR products.

The Collaborative is comprised of a group of stakeholders — performance measure developers, EHR vendors, expert EHR users, national quality improvement organizations and technical experts in physician performance measurement and quality improvement — who have a shared goal of facilitating the integration of performance measures with EHR systems.

The major area of Collaborative work in 2008 will be continued testing and refinement of the XML schema and harmonization with existing and developing data standards. The Collaborative will continue working towards the goal of an agreed standard way of expressing performance measures suitable for use in EHRs with the following activities:

First, with EHR vendor community, the Collaborative will work to complete needed revisions to XML representation for performance measures.

Second, along with sophisticated users of performance measures and EHR systems, the Collaborative will analyze best practices to determine the reliability of various data elements and their sources. The Collaborative will also determine characteristics of successful implementations of performance measure specifications in EHR systems by organizations, and – finally – define existing gaps not currently being addressed.

Third, the Collaborative will devise and implement communication strategy, including holding two in-person meetings, one in the spring and another in early Fall, to help increase EHR vendor engagement, increase the membership of sophisticated users of EHR systems for quality improvement, and ensure wider visibility of the work of the Collaborative.

Fourth, the Collaborative will provide input to organizations that are working toward developing data extraction models for performance measurement and reporting.

And, fifth, the Collaboration will work with stakeholders to consider relationships between clinical guidelines, clinical decision support, and performance measures.

Issues still requiring resolution among Collaborative members include the further refining of the XML schema, resolving coding issues, selecting standards, teaching people to use E-H-Rs, assessing how well E-H-Rs are being used, clarifying how performance measures and quality

improvement intersect, identifying and aligning financial incentives, addressing possible unintended consequences, clarifying similarities and differences between performance measurement and clinical decision support, finding a way of "meeting half way" so that creating functionality becomes a partnership between E-H-R vendor products and the users of E-H-R products, determining how performance measurement can drive both clinical quality improvement and reimbursement, ensuring that practice work flow changes support the purpose of performance measures, ensuring that measures are consistent so that they can be used for comparative purposes, addressing data aggregation issues, and defining the "ideal state."

HIMSS LEGISLATIVE PRINCIPLES

The challenges and obstacles to harnessing IT to assess, measure, and positively impact the quality of care include the lack of installed and functional systems, lack of appropriately trained staff, lack of a continuous learning environment, a work culture that punishes transgressors rather than equipping professionals to learn from peer experiences and use that learning to optimize care, and payment systems that reward the "quantity" of care, not the "quality" of the care.

The federal government's has an important role in improving quality through the effective use of IT. We encourage the government to:

- Reform reimbursement methodologies to provide incentives and ongoing reimbursement for a higher quality of care, with

a focus on preventative medicine and the use of enabling health IT services.

- Encourage that standard reimbursement be provided to independent licensed practitioners that use healthcare IT to deliver clinical consultations and direct patient care services.
- Establish clinical performance goals and reimbursement that can be supported to the largest extent possible by healthcare IT infrastructure.
- Encourage quality forums such as the National Quality Forum, standards harmonization efforts such as HITSP, and other nationally recognized entities that provide healthcare-related quality metrics, protocols and guidance to develop measures that support and implement these priorities based upon electronic sources of data.
- Require the Department of Health and Human Services to collaborate with diverse stakeholders to build consensus and endorse a set of commonly defined quality measures using healthcare IT that could be used to reward providers that demonstrate performance excellence in providing patient-centric care.
- Support the use of technology to facilitate individual control of health decisions to assure improved transparency in the price, cost, and quality of care.

Closing

On behalf of HIMSS, I am honored to have this latest opportunity to be with you today to offer these examples of "healthcare quality & IT in

action". We want to salute both you, Senator Stabenow – a 2007 winner of the HIMSS Federal Leadership Award, for your continued support of transforming healthcare using information technology and management systems back home in Michigan and throughout the United States, and you, Senator Bennett for your work on the Senate Appropriations Committee.

With a nearly 50 year history of serving the healthcare industry, HIMSS is deeply committed to working with all federal and state leaders in a bipartisan manner to improve the quality, safety, and efficiency of healthcare for all through the appropriate use of information technology and management systems.